

**INSTRUCTIONS FOR
PESTICIDE APPLICATOR BUSINESS
CHANGE OF BUSINESS INFORMATION
FORM NO. PAB-301**

Complete only the sections where information has changed and return to TDA. The Texas Administrative Code requires you to provide TDA with current information. Changes should be submitted to TDA within 30 days. Failure to provide such information may be grounds for denial, suspension or revocation of the license.

For assistance in completing the form, call 1-800-TELL-TDA (835-5832) or directly (512) 463-7622. For the hearing impaired, call Relay Texas 1-800-735-2988 (voice) or 1-800-735-2989 (TDD/TT).

SECTION A

1. VERIFICATION INFORMATION

Enter your Business Owner Name, TDA Client Number, and TDA License Number (if applicable).

SECTION B

1. RESPONSIBLE PERSON INSTRUCTIONS

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:

- For a corporation, limited liability company, or cooperative – the president or CEO
- For a limited or general partnership – the managing partner or general manager
- For any other type of business – the general manager

You may change the CEO, President, Managing Partner or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.

2. RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER

Indicate name and title of person responsible for the business. Enter contact information. The Responsible Person will receive, through regular mail, a login ID and a password. The Responsible Person will then be able to conduct business related to their license(s) online, including viewing their licenses, making changes to their company information, and renewing licenses.

The Responsible Person will receive correspondence from TDA, including licenses and other documents, **ONLY** if a separate Person to Contact becomes unavailable. Otherwise, the Responsible Person will not receive any correspondence or documentation from TDA.

NOTE: The Person to Contact, named by the business in Section C of this form, is the preferred signatory of this application. That person may be the Responsible Person.

3. RESPONSIBLE PERSON MAILING ADDRESS

The Texas Department of Agriculture (TDA) website login ID and password will be mailed to the responsible person at this address.

SECTION C

1. PERSON TO CONTACT FOR LICENSE-RELATED MATTERS

Enter the name of a designated person, along with that person's contact information, who can discuss and answer questions about license-related issues.

NOTE: The Person to Contact, named by the business, is the preferred signatory of this application. That person may also be the Responsible Person.

All correspondence, licenses, and other documents will be sent to the Person to Contact at the mailing address listed below. If an e-mail address is listed, and e-mail is indicated as the preferred contact method, correspondence will be sent via e-mail.

In addition, the contact person will receive a login ID and password to access TDA's website. The contact person will then be able to conduct business related to their assigned license(s) online, including viewing their licenses, making changes to their company information, and renewing their licenses. A business has the ability to appoint one contact person to manage all of the company's licenses online – regardless of type of license.

2. MAILING ADDRESS

Enter the address at which the Person to Contact receives general correspondence.

SECTION D

1. FACILITY INFORMATION

Enter facility name.

2. PHYSICAL ADDRESS OF LOCATION OF APPLICATION BUSINESS

Provide the physical location, not the mailing address, of the applicator business, including directions to this location if the address is difficult to locate. Please do not enter a P.O. Box.

SECTION E

1. INSURANCE INFORMATION

- Please provide the company name and insurance policy number for your business.
 - Applicator businesses must provide certification of financial responsibility in the amount of \$100,000 property damage and \$100,000 bodily injury per occurrence. The insurance policy is required to protect persons who may suffer damages as a result of the operations of the applicator business, its employees and its agents.
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SECTION F

1. EMPLOYED LICENSED APPLICATOR INFORMATION

Applicator businesses are required to have at least one licensed commercial applicator employed. Please indicate the name and license number of the commercial applicator employed by the business. If the business owner has a commercial license, indicate that in this field.

SECTION G

1. DESCRIPTION OF EQUIPMENT TO ADD TO REGISTRATION

- Application equipment used to apply restricted-use or state-limited-use pesticides or regulated herbicides to the land of another for compensation must be identified by a decal. Please complete the form with the requested information for equipment you wish to register. After receiving this registration, TDA will issue you decals for each piece of equipment registered.
 - The decal should be attached to each piece of equipment in a conspicuous place. All application equipment used for pesticide applications is subject to inspection by the department at any reasonable time. Such equipment must be maintained in a condition that will provide safe and proper application of the pesticide.
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SECTION H

1. EQUIPMENT TO BE REMOVED FROM REGISTRATION

- Please provide the decal number for the equipment you wish to remove from registration.
 - If you do not have the decal number, provide the serial number of FAA number.
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SECTION I

1. EQUIPMENT THAT NEEDS A REPLACEMENT DECAL

- Please provide the decal number for the equipment that needs a replacement decal.
 - If you do not have the decal number, provide the serial number of FAA number.
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SECTION J

1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested license.